

SERFF Tracking Number:	AWLP-126877347	State:	California
Filing Company:	Anthem Blue Cross Life and Health Insurance Company	State Tracking Number:	PF-2010-02061
Company Tracking Number:			
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Product Name:	California Individual HIPAA		
Project Name/Number:	California Individual HIPAA/		

Filing at a Glance

Company: Anthem Blue Cross Life and Health Insurance Company

Product Name: California Individual HIPAA	SERFF Tr Num: AWLP-126877347	State: California
TOI: H16I Individual Health - Major Medical	SERFF Status: Assigned	State Tr Num: PF-2010-02061
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)	Co Tr Num:	State Status:
Filing Type: Rate		Reviewer(s): Angela Jang, Marsha Seeley, Sai-on Sam, Ali Zaker-Shahrak, Xiangchen Meng
	Author: Joshua Kuai	Disposition Date:
	Date Submitted: 10/26/2010	Disposition Status:
Implementation Date Requested: 01/01/2011		Implementation Date:

General Information

Project Name: California Individual HIPAA	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 9.8%	Group Market Type:
Filing Status Changed: 10/26/2010	Explanation for Other Group Market Type:
	State Status Changed:
Deemer Date:	Created By: Joshua Kuai
Submitted By: Joshua Kuai	Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related	
Filing Description:	
California Individual HIPAA Rate Filing 1/1/11	

Company and Contact

Filing Contact Information

Fritz Busch, Staff VP & Actuary III fritz.busch@wellpoint.com

SERFF Tracking Number: AWLP-126877347 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance Company State Tracking Number: PF-2010-02061

Company Tracking Number:

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider (PPO)

Product Name: California Individual HIPAA

Project Name/Number: California Individual HIPAA/

13550 Triton Park Blvd 502-889-2737 [Phone]
Louisville, KY 40223

Filing Company Information

Anthem Blue Cross Life and Health Insurance Company CoCode: 62825 State of Domicile: California

21555 Oxnard Street Group Code: 671 Company Type: Life, Accident, Health

Woodland Hills, CA 91367 Group Name: WellPoint Inc Group State ID Number:
(916) 447-9280 ext. [Phone] FEIN Number: 95-4331852

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Anthem Blue Cross Life and Health Insurance Company	\$0.00		

SERFF Tracking Number:	AWLP-126877347	State:	California
Filing Company:	Anthem Blue Cross Life and Health Insurance Company	State Tracking Number:	PF-2010-02061
Company Tracking Number:			
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Product Name:	California Individual HIPAA		
Project Name/Number:	California Individual HIPAA/		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.600%
Effective Date of Last Rate Revision:	01/01/2010
Filing Method of Last Filing:	File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Anthem Blue Cross Life and Health Insurance Company	%	%				%	%

SERFF Tracking Number: AWLP-126877347 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance Company State Tracking Number: PF-2010-02061

Company Tracking Number:

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider (PPO)

Product Name: California Individual HIPAA

Project Name/Number: California Individual HIPAA/

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	CDI_RateSheet_HIPAA	R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, DL99, 0ADL, DZ30, 0ADM, 025Q, 06BR, 025S, 06BQ, 028D, 06BS	New		CDI_RateSheet_HIPAA.pdf

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company****(Contract Code PE03, 0ADP--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Saver)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$283	\$250	\$262	\$269	\$279	\$253
	15-29	\$358	\$338	\$350	\$332	\$338	\$322
	30-34	\$460	\$424	\$449	\$419	\$436	\$402
	35-39	\$517	\$468	\$492	\$475	\$498	\$446
	40-44	\$587	\$531	\$562	\$541	\$555	\$501
	45-49	\$683	\$605	\$639	\$592	\$608	\$560
	50-54	\$857	\$736	\$770	\$710	\$733	\$697
	55-59	\$1,018	\$869	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,363	\$1,241	\$1,286	\$1,289	\$1,331	\$1,234
	70-74	\$1,443	\$1,319	\$1,371	\$1,359	\$1,402	\$1,313
	75+	\$1,535	\$1,412	\$1,461	\$1,439	\$1,486	\$1,407
Subscriber & 1 Dependent	<15	\$608	\$550	\$549	\$531	\$528	\$504
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$858	\$858	\$835	\$820	\$760
	15-29	\$1,343	\$1,217	\$1,269	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company****(Contract Code PE02, 0ADN--Anthem Blue Cross Life and Health Insurance Company HIPAA Basic PPO 1000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$283	\$250	\$262	\$269	\$279	\$253
	15-29	\$358	\$338	\$350	\$332	\$338	\$322
	30-34	\$460	\$424	\$449	\$419	\$436	\$402
	35-39	\$517	\$468	\$492	\$475	\$498	\$446
	40-44	\$587	\$531	\$562	\$541	\$555	\$501
	45-49	\$683	\$605	\$639	\$592	\$608	\$560
	50-54	\$857	\$736	\$770	\$710	\$733	\$697
	55-59	\$1,018	\$869	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,363	\$1,241	\$1,286	\$1,289	\$1,331	\$1,234
	70-74	\$1,443	\$1,319	\$1,371	\$1,359	\$1,402	\$1,313
	75+	\$1,535	\$1,412	\$1,461	\$1,439	\$1,486	\$1,407
Subscriber & 1 Dependent	<15	\$608	\$550	\$549	\$531	\$528	\$504
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$858	\$858	\$835	\$820	\$760
	15-29	\$1,343	\$1,217	\$1,269	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code R417, 0ADU--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Share \$5,000 Deductible)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$283	\$250	\$262	\$269	\$279	\$253
	15-29	\$358	\$338	\$350	\$332	\$338	\$322
	30-34	\$460	\$424	\$449	\$419	\$436	\$402
	35-39	\$517	\$468	\$492	\$475	\$498	\$446
	40-44	\$587	\$531	\$562	\$541	\$555	\$501
	45-49	\$683	\$605	\$639	\$592	\$608	\$560
	50-54	\$857	\$736	\$770	\$710	\$733	\$697
	55-59	\$1,018	\$869	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,363	\$1,241	\$1,286	\$1,289	\$1,331	\$1,234
	70-74	\$1,443	\$1,319	\$1,371	\$1,359	\$1,402	\$1,313
	75+	\$1,535	\$1,412	\$1,461	\$1,439	\$1,486	\$1,407
Subscriber & 1 Dependent	<15	\$608	\$550	\$549	\$531	\$528	\$504
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$858	\$858	\$835	\$820	\$760
	15-29	\$1,343	\$1,217	\$1,269	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code PE42, 07TT--Anthem Blue Cross Life and Health Insurance Company Basic 1000 PPO Conversion)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$283	\$250	\$262	\$269	\$279	\$253
	15-29	\$358	\$338	\$350	\$332	\$338	\$322
	30-34	\$460	\$424	\$449	\$419	\$436	\$402
	35-39	\$517	\$468	\$492	\$475	\$498	\$446
	40-44	\$587	\$531	\$562	\$541	\$555	\$501
	45-49	\$683	\$605	\$639	\$592	\$608	\$560
	50-54	\$857	\$736	\$770	\$710	\$733	\$697
	55-59	\$1,018	\$869	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,363	\$1,241	\$1,286	\$1,289	\$1,331	\$1,234
	70-74	\$1,443	\$1,319	\$1,371	\$1,359	\$1,402	\$1,313
	75+	\$1,535	\$1,412	\$1,461	\$1,439	\$1,486	\$1,407
Subscriber & 1 Dependent	<15	\$608	\$550	\$549	\$531	\$528	\$504
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$858	\$858	\$835	\$820	\$760
	15-29	\$1,343	\$1,217	\$1,269	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company****(Contract Code DL99, 0ADL--Anthem Blue Cross Life and Health Insurance Company HIPAA Basic PPO 1000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$283	\$250	\$262	\$269	\$279	\$253
	15-29	\$358	\$338	\$350	\$332	\$338	\$322
	30-34	\$460	\$424	\$449	\$419	\$436	\$402
	35-39	\$517	\$468	\$492	\$475	\$498	\$446
	40-44	\$587	\$531	\$562	\$541	\$555	\$501
	45-49	\$683	\$605	\$639	\$592	\$608	\$560
	50-54	\$857	\$736	\$770	\$710	\$733	\$697
	55-59	\$1,018	\$869	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,363	\$1,241	\$1,286	\$1,289	\$1,331	\$1,234
	70-74	\$1,443	\$1,319	\$1,371	\$1,359	\$1,402	\$1,313
	75+	\$1,535	\$1,412	\$1,461	\$1,439	\$1,486	\$1,407
Subscriber & 1 Dependent	<15	\$608	\$550	\$549	\$531	\$528	\$504
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$858	\$858	\$835	\$820	\$760
	15-29	\$1,343	\$1,217	\$1,269	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code DZ30, 0ADM--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Share \$5,000 Deductible)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$283	\$250	\$262	\$269	\$279	\$253
	15-29	\$358	\$338	\$350	\$332	\$338	\$322
	30-34	\$460	\$424	\$449	\$419	\$436	\$402
	35-39	\$517	\$468	\$492	\$475	\$498	\$446
	40-44	\$587	\$531	\$562	\$541	\$555	\$501
	45-49	\$683	\$605	\$639	\$592	\$608	\$560
	50-54	\$857	\$736	\$770	\$710	\$733	\$697
	55-59	\$1,018	\$869	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,363	\$1,241	\$1,286	\$1,289	\$1,331	\$1,234
	70-74	\$1,443	\$1,319	\$1,371	\$1,359	\$1,402	\$1,313
	75+	\$1,535	\$1,412	\$1,461	\$1,439	\$1,486	\$1,407
Subscriber & 1 Dependent	<15	\$608	\$550	\$549	\$531	\$528	\$504
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$858	\$858	\$835	\$820	\$760
	15-29	\$1,343	\$1,217	\$1,269	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company****(Contract Code 025S, 06BQ--Anthem Blue Cross Life and Health Insurance Company HIPAA Basic PPO 1000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$316	\$286	\$296	\$270	\$279	\$267
	15-29	\$446	\$390	\$396	\$373	\$379	\$367
	30-34	\$559	\$476	\$491	\$454	\$467	\$445
	35-39	\$624	\$524	\$540	\$498	\$514	\$489
	40-44	\$674	\$576	\$592	\$553	\$564	\$541
	45-49	\$722	\$620	\$639	\$592	\$608	\$581
	50-54	\$889	\$747	\$770	\$710	\$733	\$697
	55-59	\$1,046	\$871	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,496	\$1,343	\$1,378	\$1,289	\$1,331	\$1,283
	70-74	\$1,576	\$1,416	\$1,452	\$1,359	\$1,402	\$1,352
	75+	\$1,670	\$1,501	\$1,538	\$1,439	\$1,486	\$1,433
Subscriber & 1 Dependent	<15	\$608	\$567	\$562	\$531	\$528	\$514
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$878	\$881	\$861	\$873	\$824
	15-29	\$1,363	\$1,240	\$1,285	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code 025Q, 06BR--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Share \$5,000 Deductible)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$316	\$286	\$296	\$270	\$279	\$267
	15-29	\$446	\$390	\$396	\$373	\$379	\$367
	30-34	\$559	\$476	\$491	\$454	\$467	\$445
	35-39	\$624	\$524	\$540	\$498	\$514	\$489
	40-44	\$674	\$576	\$592	\$553	\$564	\$541
	45-49	\$722	\$620	\$639	\$592	\$608	\$581
	50-54	\$889	\$747	\$770	\$710	\$733	\$697
	55-59	\$1,046	\$871	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,496	\$1,343	\$1,378	\$1,289	\$1,331	\$1,283
	70-74	\$1,576	\$1,416	\$1,452	\$1,359	\$1,402	\$1,352
	75+	\$1,670	\$1,501	\$1,538	\$1,439	\$1,486	\$1,433
Subscriber & 1 Dependent	<15	\$608	\$567	\$562	\$531	\$528	\$514
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$878	\$881	\$861	\$873	\$824
	15-29	\$1,363	\$1,240	\$1,285	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

RATES EFFECTIVE 1/1/2011**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code 028D, 06BS--Anthem Blue Cross Life and Health Insurance Company PPO CONVERSION Share 5000)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$316	\$286	\$296	\$270	\$279	\$267
	15-29	\$446	\$390	\$396	\$373	\$379	\$367
	30-34	\$559	\$476	\$491	\$454	\$467	\$445
	35-39	\$624	\$524	\$540	\$498	\$514	\$489
	40-44	\$674	\$576	\$592	\$553	\$564	\$541
	45-49	\$722	\$620	\$639	\$592	\$608	\$581
	50-54	\$889	\$747	\$770	\$710	\$733	\$697
	55-59	\$1,046	\$871	\$895	\$828	\$854	\$812
	60-64	\$1,046	\$871	\$895	\$828	\$854	\$812
	65-69	\$1,496	\$1,343	\$1,378	\$1,289	\$1,331	\$1,283
	70-74	\$1,576	\$1,416	\$1,452	\$1,359	\$1,402	\$1,352
	75+	\$1,670	\$1,501	\$1,538	\$1,439	\$1,486	\$1,433
Subscriber & 1 Dependent	<15	\$608	\$567	\$562	\$531	\$528	\$514
	15-29	\$905	\$802	\$811	\$768	\$781	\$744
	30-34	\$1,038	\$912	\$943	\$881	\$895	\$857
	35-39	\$1,135	\$1,001	\$1,027	\$953	\$983	\$941
	40-44	\$1,258	\$1,105	\$1,127	\$1,050	\$1,086	\$1,039
	45-49	\$1,416	\$1,226	\$1,200	\$1,184	\$1,187	\$1,125
	50-54	\$1,688	\$1,463	\$1,429	\$1,433	\$1,401	\$1,334
	55-59	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	60-64	\$1,978	\$1,685	\$1,640	\$1,650	\$1,611	\$1,516
	65-69	\$2,649	\$2,396	\$2,378	\$2,288	\$2,303	\$2,227
	70-74	\$2,791	\$2,526	\$2,505	\$2,413	\$2,428	\$2,348
	75+	\$2,956	\$2,673	\$2,648	\$2,560	\$2,577	\$2,492
Subscriber & 2 or More Dependents	<15	\$888	\$878	\$881	\$861	\$873	\$824
	15-29	\$1,363	\$1,240	\$1,285	\$1,225	\$1,272	\$1,226
	30-34	\$1,628	\$1,488	\$1,504	\$1,411	\$1,451	\$1,402
	35-39	\$1,731	\$1,546	\$1,556	\$1,466	\$1,500	\$1,440
	40-44	\$1,768	\$1,575	\$1,626	\$1,495	\$1,549	\$1,485
	45-49	\$1,932	\$1,673	\$1,697	\$1,589	\$1,632	\$1,568
	50-54	\$2,179	\$1,878	\$1,897	\$1,795	\$1,827	\$1,741
	55-59	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	60-64	\$2,401	\$2,004	\$2,030	\$1,923	\$1,947	\$1,863
	65-69	\$3,254	\$2,998	\$3,072	\$2,869	\$2,929	\$2,844
	70-74	\$3,431	\$3,164	\$3,240	\$3,025	\$3,088	\$2,999
	75+	\$3,634	\$3,350	\$3,426	\$3,209	\$3,277	\$3,183

SERFF Tracking Number: AWLP-126877347 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2010-02061
Company
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: California Individual HIPAA
Project Name/Number: California Individual HIPAA/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Cover Sheet Comments: Attachment: CDI_CoverSheet_HIPAA.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum Comments: Attachment: CDI_Memo_HIPAA.pdf		

CALIFORNIA DEPARTMENT OF INSURANCE

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Anthem Blue Cross Life and Health Insurance Company
	Submitter and Complete Mailing Address: Fritz Busch 13550 Triton Park Blvd. KY0304-A662 Louisville, KY 40223
	Submission Date: October 25, 2010

IDENTIFYING FORM NUMBER (S): R417, 0ADU [01-01-11]-RAT, PE02, 0ADN [01-01-11]-RAT, PE03, 0ADP [01-01-11]-RAT, PE42, 07TT [01-01-11]-RAT, DL99, 0ADL [01-01-11]-RAT, DZ30, 0ADM [01-01-11]-RAT, 025Q, 06BR [01-01-11]-RAT, 025S, 06BQ [01-01-11]-RAT, 028D, 06BS [01-01-11]-RAT

[The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))]

<u>Generic Description and Definition Citation</u>	<u>Check Below</u>	<u>Generic Description and Definition Citation</u>	<u>Check Below</u>
"Health Insurance"[Hospital, medical, surgical insurance, expense-incurred or indemnity §2202(a)(1)]	X	"Credit Life and Disability" [§2202(a)(6)]	
"Group and Blanket Life and Non-health Disability" [§2202(a)(2)]		"Supplemental Life Benefits" [§2202(a)(7)]	
"Individual Disability, Non-health" [§2202(a)(3)]		"Variable Life and Annuities" [§2202(a)(8)]	
"Medicare Supplement" [§2202(a)(4)]		"Fraternalists" [Non-health Disability. §2202(a)(9)]	
"Long- term Care" [§2202(a)(5)]		"Unclassified"*[§2202(a)(11)]	
*Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):			

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	Individual Only: X	Group AND Individual:
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees. §2205(c)]

2 to 50 Employees:	Over 50 Employees:	All Employers:
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5. REPLACES PREVIOUSLY - APPROVED DOCUMENT(S)?

[Do any documents replace previously-approved documents? §2205(d)]

Yes

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds. §2205(e)]

Document(s)	
R417, 0ADU [01-01-11]-RAT, PE02, 0ADN [01-01-11]-RAT, PE03, 0ADP [01-01-11]-RAT, PE42, 07TT [01-01-11]-RAT, DL99, 0ADL [01-01-11]-RAT, DZ30, 0ADM [01-01-11]-RAT, 025Q, 06BR [01-01-11]-RAT, 025S, 06BQ [01-01-11]-RAT, 028D, 06BS [01-01-11]-RAT	

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED. [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

Document Form Number	Document Class (from Item 2. above)
N/A	

8. MASTER POLICY FORM NUMBER AND APPROVAL DATE: **N/A**

[Where a certificate is submitted for use with a previously approved "group" document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. IS A RECEIPT ACKNOWLEDGMENT CARD ENCLOSED? **No**

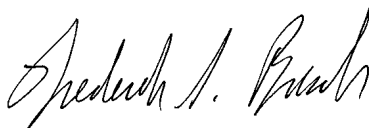
Please send acknowledgement to fritz.busch@anthem.com

[Submitters wanting acknowledgment of receipt of their filings must include a self-addressed, postage pre-paid postcard or letter for return when the filing is received. Acknowledgments must be drafted so that Department personnel need only enter dates of receipt before mailing. §2205(j)]

11. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

MAKE SURE THAT A COMPLETED 3-PART DOCUMENT SUBMISSION FORMSET IS INCLUDED [Filings of documents described in §2202(a)(1) through (a)(11) shall include three-part Document Submission Formsets. §2216(a)]

MAKE SURE THAT A STAMPED, RETURN ADDRESSED ENVELOPE IS INCLUDED [The cover letter shall be accompanied by a stamped, self-addressed business-size return envelope. §2205(i)]



SUBMITTER'S SIGNATURE AND TITLE: _____

Fritz Busch, FSA, MAAA
Staff VP and Actuary

Anthem Blue Cross Life and Health Insurance Company
Actuarial Memorandum for

**Policy Form Numbers DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP,
PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, and 06BQ**
Individual Rates effective 1/1/2011

The purpose of this filing is to:

- * establish rates for the forms below
- * certify that these rates are in compliance with the minimum lifetime loss ratio standard set in California Code of Regulations 2222.12
- * certify that the rates for DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, and 06BQ are in compliance with the premium rate restrictions for federally eligible individuals set in California Insurance Code 10901.9 and 10901.3(a)
- * certify that the rates for PE42 are in compliance with the premium rate restrictions for conversion coverage set in California Insurance Code 12682.1(a)(2)

1. Policy Form Number and Name

DZ30, 0ADM	HIPAA Share 5000
DL99, 0ADL	HIPAA Basic PPO 1000
R417, 0ADU	HIPAA Share 5000
PE02, 0ADN	HIPAA Basic PPO 1000
PE03, 0ADP	HIPAA PPO Saver Plan
PE42, 07TT	Basic PPO 1000 Conversion (AB 1401 Conversion)
025Q, 06BR	HIPAA Share 5000
025S, 06BQ	HIPAA Basic PPO 1000
028D, 06BS	Conversion Share 5000 (AB1401 Conversion)

2. Description of Benefits Provided

The benefits for DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, and 0ADP were set by regulation to be our two most popular plans at the time of introduction. The benefits for PE42/07TT were set by regulation to be one of our two most popular plans at the time of introduction.

The benefits for forms R417/0ADU and DZ30/0ADM provide comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 calendar year deductible with a maximum of two deductibles per family. After the deductible is met, the plan pays 70% of covered expenses. When the subscriber has paid the deductible plus \$2,500 in coinsurance for covered expenses in any calendar year, the plan pays 100% of covered expenses for the remainder of the year. The lifetime maximum benefit is \$5,000,000. Prescription drug benefits

are provided for formulary drugs at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$750 deductible on brand name drugs. Non-formulary drugs are subject to 50% coinsurance with brand name deductible still applying. Both are R417 and DZ30 are Individual Policy Forms. As of 1/1/10 both R417/0ADU and DZ30/0ADM are not available for new sales.

The benefits for forms DL99/0ADL and PE02/0ADN include in-hospital expenses such as room accommodations, surgery, anesthesia, radiation therapy, and physician benefits; emergencies, including ambulance; outpatient infusion therapy; ambulatory surgical centers; skilled nursing facilities; and home health care. Both forms have a deductible of \$1,000 and an out-of-pocket maximum of \$2,500 in coinsurance plus the deductible. Additional professional benefits are provided after the out-of-pocket maximum is reached. Both DL99/0ADL and PE02/0ADN are Individual Policy Forms. As of 1/1/10 both DL99/0ADL and PE02/0ADN are not available for new sales.

The benefits for form PE03/0ADP provide comprehensive major medical benefits for inpatient and outpatient hospital and physician services. In-hospital services are subject to a \$500 deductible. Out-of-hospital services are subject to a \$5,000 deductible. Up to two office visits for adults, and four office visits for children are provided at a \$30 copay and are not subject to the deductibles. There is an out-of-pocket maximum of \$5,000 per member with a two member maximum. Prescription drug benefits are provided at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$500 deductible on brand name drugs. PE03/0ADP is an Individual Policy Form and is not available for new sales.

The benefits for form PE42/07TT include in-hospital expenses such as room accommodations, surgery, anesthesia, radiation therapy, and physician benefits; emergencies, including ambulance; outpatient infusion therapy; ambulatory surgical centers; skilled nursing facilities; and home health care. The form has a deductible of \$1,000 and an out-of-pocket maximum of \$2,500 in coinsurance plus the deductible. Additional professional benefits are provided after the out-of-pocket maximum is reached. PE42/07TT is an Individual Policy Form and on 1/1/10 was made not available for new sales.

The benefits for 025Q/06BR and 025S/06BQ were set by regulation to be our two most popular plans at the time of introduction.

The benefits for form 025Q/06BR provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 calendar year deductible with a maximum of two deductibles per family. After the deductible is met, the plan pays 70% of covered expenses. When the subscriber has paid the deductible plus \$2,500 in coinsurance for covered expenses in any calendar year, the plan pays 100% of covered expenses for the remainder of the year. The lifetime maximum benefit is \$5,000,000. Prescription drug benefits are provided for formulary drugs at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$750 deductible on brand name drugs. Non-formulary drugs are subject to 50% coinsurance with brand name deductible still applying. 025Q/06BR is an Individual Policy Form. On 1/1/10 025Q/06BR was made available for new sales.

The benefits for form 025S/06BQ includes in-hospital expenses such as room accommodations, surgery, anesthesia, radiation therapy, and physician benefits; emergencies, including ambulance; outpatient infusion therapy; ambulatory surgical centers; skilled nursing facilities; and home health care. The form has a deductible of \$1,000 and an out-of-pocket maximum of \$2,500 in coinsurance plus the deductible. Additional professional benefits are provided after the out-of-pocket maximum is reached. 025S/06BQ is an Individual Policy Form. On 1/1/10 025S/06BQ was made available for new sales.

The benefits for form 028D/06BS provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 calendar year deductible with a maximum of two deductibles per family. After the deductible is met, the plan pays 70% of covered expenses. When the subscriber has paid the deductible plus \$2,500 in coinsurance for covered expenses in any calendar year, the plan pays 100% of covered expenses for the remainder of the year. The lifetime maximum benefit is \$5,000,000. Prescription drug benefits are provided for formulary drugs at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$750 deductible on brand name drugs. Non-formulary drugs are subject to 50% coinsurance with brand name deductible still applying. 028D/06BS is an Individual Policy Form. On 1/1/10 028D/06BS was made available for new sales.

3. Premium Rate Structure

The premium rates for these forms vary by attained age. For Subscriber & Spouse or Family, the rates are based on the age of the younger spouse.

4. Filed Rate Change

By California Insurance Code 10901.9 and 12682.1(a)(2), the premium rates for these forms may not exceed the average premium in the MRMIP program for the same subscriber age, geographic area, and family type. In addition, the premium rate for these forms for a subscriber age 60-64 may not exceed the average premium paid by a 59 year-old subscriber in MRMIP for the same geographic area and family type. Finally, the rate increase for each rating cell of these forms may not exceed the average increase for that rate cell in the MRMIP marketplace.

The calculation of the MRMIP average premium rates and MRMIP average premium rate increase by rating cell is done pursuant to the methodology described by the California Department of Managed Health Care Order Number 20091901. Average premium rate charged by rating cell is calculated as the premium rates in the MRMIP marketplace weighted by the carriers' marketshare by region for the experience period of January – June 2010.

5. Compliance with a 70% Minimum Lifetime Loss Ratio

Forms DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, and 06BQ had a combined total of 1,367 members as of 7/31/2010 and only 279 members as of 1/1/2010. Because of this small membership, these CDI HIPAA (DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, 025Q, 06BR, 028D, 06BS, 025S, and 06BQ) and AB 1401 Conversion plans (PE42/07TT) are pooled with Anthem's DMHC HIPAA and AB 1401 Conversion plans. Pooling together these CDI and DMHC plans is justified since the benefits and rates for all these pooled plans are determined by the same specific set of rules (the rules are set forth in both the Insurance Code and the Health and Safety Code). The pooled block of all Anthem CDI/DMHC HIPAA and AB 1401 Conversion plans had 14,392 members as of 7/31/2010.

Past Experience since 2000 for all CDI/DMHC HIPAA and AB 1401 Conversion plans

Year	Member Months	Loss Ratio
2000	23,471	126%
2001	43,571	142%
2002	90,648	134%
2003	143,496	120%
2004	153,015	133%
2005	140,252	128%
2006	138,457	121%
2007	148,589	129%
2008	156,006	140%
2009	169,877	148%
2010*	173,930	148%

Projected 2011 Experience for all CDI/DMHC HIPAA and AB 1401 Conversion plans

Year	Member Months	Loss Ratio
2011	158,583	145%

** Jan - Sep 2010 based on actuals, Oct - Dec 2010 are forecasted*

Assumptions for Projection:

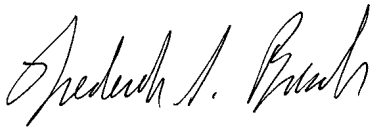
- The total 2011 annual claim trend is assumed to be 8.3%.
- Premium used reflects refunds issued to subscribers for past premiums which exceeded regulatory maximums.

6. Certification

Based upon the pooled experience above, I certify that the pooled lifetime loss ratio is expected to exceed 70% and that the pooled future lifetime loss ratio is expected to exceed 70%.

For these revised filed rates effective 1/1/2010 for DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, and 06BQ : I certify that the rates do not exceed the average premium in the MRMIP program for the same rating cell. I certify that the subscriber age 60-64 rates do not exceed the average premium in the MRMIP program for a 59 year-old subscriber in the same geographic area and family type. I certify that the rate increase does not exceed the average increase for that rate cell in the MRMIP marketplace.

Pursuant to Insurance Code section 10902.3, the company certifies that it is in compliance with Insurance Code sections 10901.3(a) and 10901.9.

A handwritten signature in black ink, appearing to read "Fritz Busch". The signature is fluid and cursive, with the first name "Fritz" and last name "Busch" clearly distinguishable.

Fritz Busch, FSA, MAAA
Staff VP and Actuary III
Anthem Blue Cross Life and Health Insurance Company
October 25, 2010

CALIFORNIA DOCUMENT SUBMISSION FORMSET

California Insurer Number:		FOR DEPARTMENT USE ONLY		
(NOT NAIC Number) 3273-0		Our File Number:		Fee Code:
Official Insurer Name:		Reviewer:		
Anthem Blue Cross Life and Health Insurance Company				
Submitter and Complete Mailing Address:				
Anthem Blue Cross Life and Health Insurance Company Attn: Fritz Busch KY0304-A662 13550 Triton Park Blvd. Louisville, KY 40223				
Submission Date: October 25, 2010		Dept. Action Date:		
Document Form Number	Doc Type (<small>"Policy," etc</small>)	Document Coverage	Department Action	Fee
1	R417, 0ADU [01-01-11]-RAT	Rate		
2	PE02, 0ADN [01-01-11]-RAT	Rate		
3	PE03, 0ADP [01-01-11]-RAT	Rate		
4	PE42, 07TT [01-01-11]-RAT	Rate		
5	DL99, 0ADL [01-01-11]-RAT	Rate		
6	DZ30, 0ADM [01-01-11]-RAT	Rate		
7	025Q, 06BR [01-01-11]-RAT	Rate		
8	025S, 06BQ [01-01-11]-RAT	Rate		
9	028D, 06BS [01-01-11]-RAT	Rate		
10				
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INSTRUCTIONS: Complete the part of the form to the left of the center vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission. THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.			Total: \$0.00	